



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

TAX INVOICE

STRIDES PREMIER AUTOMOTIVE SERVICES PL	INV No.	AC2501387
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	11/03/2025
SINGAPORE 757705	Reference	CS/SMR24110397/Tvp3m4
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	PC 2758D
Insured Veh.	SMB 169H
Claim No.	BUS/11/24/7018
Policy No.	
Accident Date	19/11/2024
Inspection Date	28/11/2024

Description	Total
Survey Inspection	128.00
Digital Photographs	
Transportation	
Subtotal	128.00
GST (9%)	11.52
Grand Total	139.52

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to **'LKK Auto Consultants Pte Ltd'**

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SML



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Affiliated to Federation Internationale Des Experts En Automobile				
STRIDES PREMIER AUTOMOTIVE SERVICES PL			Ref:	CS/SMR24110397/Tvp3m4 (N)
60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705			Date:	02/06/2025
ATTN: HUA YEN			Code:	SMR
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SMB 169H	Veh. Inspected	PC 2758D
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/11/24/7018	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	19/11/2024
2. Vehicle Particulars & Condition				
	Make & Model	SCANIA KIB4X2	c.c	12742
	Engine No.	HIDDEN	Year of Reg.	2014
	Chassis No.	YS2K4X20001888323	Colour	BLACK
	Odometer	751525 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	295/80R22.5	BRIDGESTONE	8 mm
	L/H Front Tyre	295/80R22.5	BRIDGESTONE	8 mm
	R/H Rear Tyre	295/80R22.5 (D)	BRIDGESTONE	8/8 mm
	L/H Rear Tyre	295/80R22.5 (D)	BRIDGESTONE	8/8 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	19/11/2024	Inspection Date	28/11/2024
	Survey held at	CONNECT3 566 WOODLANDS ROAD (MANDAI ESTATE) SINGAPORE 728697		
5a. Remarks				
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 2758D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	CUT		
	REAR LH TAILLAMP		1,980.00	1,980.00
	LESS 10% DISCOUNT		-	-198.00
			1,980.00	1,782.00
	<u>LABOUR</u>			
	LABOUR CHARGES.		900.00	700.00
	SPRAY PAINTING.		1,000.00	800.00
			1,900.00	1,500.00
GRAND TOTAL			3,880.00	3,282.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,600.00

Report Ref No. CS/SMR24110397/Tvp3m4(N)

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ANG BRYAN TANI

Automotive Assessor / Investigator

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	19/11/2024 13:41 (SGT)
Reported by	Actual Driver
Date of Accident	19/11/2024 07:50 (SGT)
Exact Location of Accident	Woodlands Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2758D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	B & A TRAVEL PTE. LTD.
Company Reg No	2XXXXX499C
Email Address	CONNECT3LAU@GMAIL.COM
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	12742
Vehicle Fuel	Diesel
First Registration Date	11/09/2014
Chassis no	YS2K4X20001888323
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2030282146

DRIVER

Name of Driver	LEE BOON HENG
NRIC No	SXXXX947G
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	05/06/2018
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	-
Alt. Phone Number	-
Email Address	CONNECT3LAU@GMAIL.COM
Address	
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB169H
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Vehicle Manufacturer	Mercedes
Vehicle Model	Citaro
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	PEREIRA LISA MARIE
NRIC No	SXXXX428F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

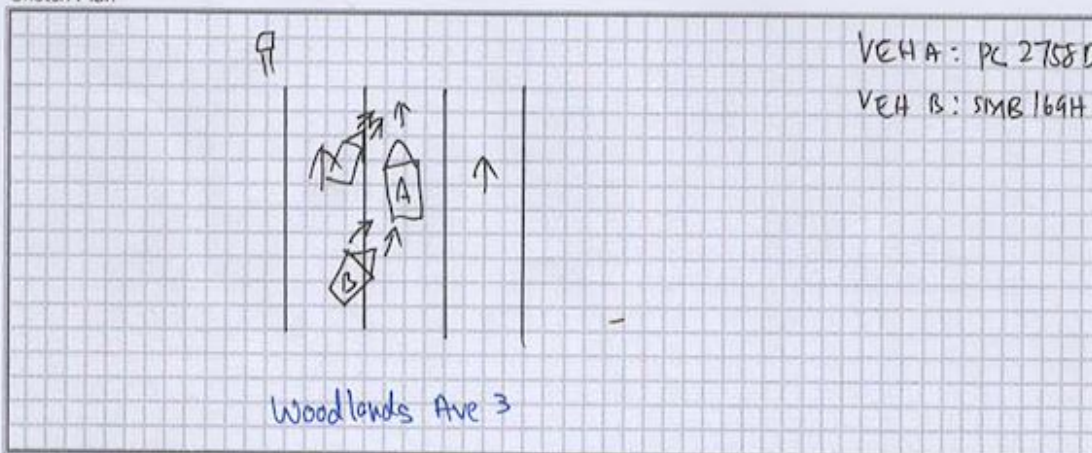


Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

On 19/11/2024 around 0750 HRS, I was driving my bus PC 2758D along Woodland Ave 3, there is a vehicle try to cross to my lane from left, so that I emergency brake and veh B SMB 169H ~~been~~ behind me which is trying to cross to my lane collided to my rear left portion.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

PHOTOGRAPHS FOR VEHICLE NO. : PC 2758D



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INSPECTION PHOTOS (Page 6 of 8)

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REINSPECTION PHOTOS (Page 2 of 2)

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